

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1  Administrative Data	Reporter name: <div style="background-color: black; width: 100px; height: 20px;"></div>		Submission date:	Contact person (if different than reporter)	Internal ID <b>1-47140440</b>
	Address: <b>California</b>			Address: <b>-005</b>	
	Phone #: <div style="background-color: black; width: 100px; height: 20px;"></div>			Phone #:	
	Incident Status: <b>New</b>	Location and date of incident <b>California 02/14/2017</b>		Date registrant became aware of incident: <b>2/14/2017</b>	Was incident part of larger study?
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1) <b>71995-7-73327</b>		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <b>Glyphosate</b>		A.I. (s)		A.I. (s)
	Product 1 Name <b>HDX Weed &amp; Grass Killer Concentrate 1</b>		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <b>Unknown</b>		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation		Formulation		Formulation
Row 3  Incident Circumstances	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <b>Own Residence</b>			Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <b>See Description Notes</b>
	Applicator certified PCO? <b>Not applicable</b>				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <b>See Incident Description</b>				

2/14/2017 6:48:42 PM HDX Weed & Grass Killer  
UPC: 71549-05800

*HX: Caller states that about 5 hours ago he was using this product outside when some blew back and got onto his skin. Caller states that about an hour later, he began to feel very ill, and his coordination was off. His wife called an ambulance who escorted him to the hospital. The EMT told him that he smelt strongly of the product. At the ER, the caller was given an IV fluids, and was told that his heart rate was lower and his blood pressure was elevated. Caller went home after he began to feel better, but now that hes been home a few hours, hes feeling ill again. Caller also noted that when his wife washed his clothes he wore today, she started feeling a little off after as well, but is fine now.*

*A: Consulted with DG*

*This product has a low level of toxicity and wide margin of safety.*

*- This product is not absorbed through the skin into the body*

*-We would not expect the symptoms you are experiencing from exposure to this product*

*-Based off of the symptoms you have described, we would recommend an immediate ER evaluation for further work up to determine the source of your symptoms*

*-Please cb if needed*

*2/15/2017 4:22:17 PM Callback placed and [REDACTED] said [REDACTED] was taken to the hospital via ambulance.*

*They checked him out, made him shower then released him.*

*She said she's unsure if the product was used as directed or diluted.*

*He did not wear any PPE.*

*He is age 78, has a heart condition and elevated BP.*

*He feels fine today.*

*Her sxs lasted about 45 min but she thinks it may have been because she was anxious about him.*

*She is age 76.*

*\*Personal privacy information\**

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# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>78 Years</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects.  <i>Bradycardia, Unable to determine; Hypertension, Unable to determine; Abnormal mentation, Unable to determine; Other Neurological - coordination was off, Unable to determine;</i>		If lab tests were performed, list test names and results (If available, submit reports).  <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*1-47140440*

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